



# Corrections & Mental Health

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## Supportive Housing for Mentally Ill Offenders Reduces Burdens on Social Services: Forensic Intensive Supportive Housing (FISH) in Seattle, Washington

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### Abstract

*The article addresses a housing program designed for mentally ill homeless populations who have been traditionally the highest users of emergency care, criminal courts, and other costly social services. The Forensic Intensive Supportive Housing (FISH) program was developed through a public-private partnership between King County, Washington and Seattle-based Sound Mental Health to reduce costs through the social services system and to meet the complex bio-psycho-social needs of this population of mentally ill citizens. The article provides an overview of the program and its components, while featuring a client profile to illustrate the ways the program has been successful.*

**Key words:** Cost saving, crisis intervention, housing, mental health court, prevention, resiliency, trauma

In Seattle, Washington, as in most American cities, there lives a population of mentally ill offenders that is at once too psychiatrically unstable to competently participate in legal proceedings, while also being too psychiatrically stable to be involuntarily hospitalized. This population makes extensive use of the courts and hospital emergency departments, primarily due to the severity of their behavioral health issues. This population is characterized by severe and persistent mental illness, protracted chemical dependency, personality disorders, history of trauma, extensive periods of homelessness, socialization issues, little to no income, poor access to psychiatric and medical treatment, and extensive legal problems.

Until recently, individuals who fall into this chasm tended to be incarcerated repeatedly or released to the streets without services, resulting in harm to them, other persons, and the community. In 2009, Sound Mental Health partnered with King County, Washington to develop a program that is designed to meet the complex biopsychosocial needs of this population of mentally ill citizens. This program is called Forensic Intensive Supportive Housing, or FISH.

The FISH program consists of a trans-disciplinary team of specialists, which includes a mental health specialist, a chemical dependency specialist, a vocational specialist, a boundary spanner, a veteran specialist, a medication provider and two peer staff. Additionally, peripheral housing staff oversees the safety and security of the FISH program housing and they assist consumers with daily housing tasks.

*Edward (not his real name) is a 52-year-old Caucasian male enrolled in the FISH program since December 2009. When the program's team initially met Edward, he had been living in an abandoned Amtrak tunnel for 14 years. During this time he was homeless, not engaged in services, and not receiving any benefits. He got most of his food from dumpsters. Edward's untreated mental health issues and co-occurring drug and alcohol addiction contributed to overt psychotic symptoms that were frightening to the public. He would respond to internal stimuli by yelling and cursing, which would frighten people passing by and resulted in multiple arrests and being banned from Amtrak property.*

The program's goals are:

- To provide effective prevention and intervention strategies to reduce or prevent more acute illness, high-risk behaviors, incarceration, and other emergency medical or crisis responses;
- To ensure the housing of homeless adults who are not legally competent to participate in a mental health court and do not meet involuntary treatment criteria; and.
- To provide intervention care from a recovery and resiliency perspective.

*When Edward first enrolled in the FISH program, it was the first time he had been housed in over a decade. Edward moved into program supported housing, but experienced difficulties maintaining his own space and that of others. For example, he would walk into other residents' rooms without knocking. Edward also had to be acculturated to apartment living. To address these issues, the team initially connected with Edward via simple interactions such as having coffee with him and assisting when he would lose his keys. Edward was arrested a few more times as he believed he was "employed" by Amtrak and continued to trespass on Amtrak property.*

Although housing is a strong foundation from which to start, alone it does not provide for the complex needs of the FISH program's consumers. FISH provides for any physical, mental, or social need of the consumer, either directly or via referrals.

*Edward regularly urinated in jars that he kept in his room. It was unclear if this was due to his mental health symptoms or if it was a result of the homeless culture he had become accustomed to. In reality, it was probably a combination of the two. Edward would empty these jars out of his window inadvertently soaking people in the street below. The team continued to work with him around these behaviors, which*

*have since ceased. This did not result in him losing his housing or his treatment, which is why this is now being properly addressed.*

Consumers play an integral role in the recovery process. This begins with the team helping consumers identify their recovery goals and the steps they need to take to bring these goals to fruition. Once recovery goals are identified, the FISH team coordinates with the consumer's support systems to get everyone possible on board with the consumer's goals and to provide all the support necessary to achieve specific goals. If a support system does not exist, the team helps the consumer reach out to significant people in the community to enlist their support.

*The team continued to work with the Edward to build trust and engage him in treatment. Throughout this period he remained in his housing and even started sleeping in his bed as opposed to on the floor. He still experienced some difficulties as he continued to yell loudly at internal stimuli. People passing by would feel that Edward was yelling at them and sometimes become fearful. Through collaborative efforts between the team and Edward, he developed strategies to help him to express his needs in less threatening ways. This included allowing Edward to stomp loudly in his own room (which is directly above the staff office) and walking him to the store to help him have more appropriate interactions with people on the street. Edward's relationship with the clinicians strengthened and he began to stop by to talk about his clothes.*

Innovation is a key ingredient to FISH clinical interventions. The consumers participating in the program are not psychiatrically stable when they enter the program. As a result of the instability, most of the consumers require an extensive engagement period to bring them to the point where they are interested in participating in recovery and have the insight to know what they want to work on. The FISH team employees Motivation Interviewing techniques during the engagement process to assist the consumer with making choices such as taking medications, participating in group and individual therapy, and socializing with other program consumers. This is a very lengthy process and it requires patience and compassion. Most of the FISH program's consumers have not taken medications to treat their mental health conditions. Most have such protracted psychotic symptoms that they seek to avoid human contact in fear for their safety.

*Traditionally, when consumers enter into treatment, they have appointment times and are asked to attend groups at specific times during the week. Edward, given his history and the severity of his mental illness, was not ready for this level of treatment. Therefore, he needed the treatment to be on his terms so he could get used to the culture of mental health treatment. This included talking to him over coffee, or just giving a friendly hello when he passed by.*

Trauma exposure is a pervasive experience with FISH program consumers. Prior to enrollment, consumers lived on the streets, used drugs and alcohol, committed crimes, and were incarcerated for those crimes. They were also repeatedly preyed upon. Repeated traumatization teaches an individual to not trust others. The FISH team has to work through this lack of trust if they are to connect with the consumer and engage him or her in therapy. To that end, the FISH team has adopted Trauma Informed

Care as a foundation from which all services are offered. The philosophy of trauma informed care encourages the team to be mindful of the impact all aspects of recovery can have on the consumer. This begins with the dress code of the FISH team - relaxed and casual, and continues to providing services in a location which feels safest to the consumer – their home. Services are presented in a judgment free, person-centered manner. When consumers are ready to engage in services at SMH buildings, they are greeted by empathic and supportive staff in a clean safe environment.

To address the extensive trauma the FISH consumers have experienced, the team chooses from a tool box of various empirically based techniques. These include (EMDR), Prolonged Exposure Therapy, and (CBT) for trauma. They also choose from some innovative tools that seek to encourage socialization with other FISH consumers. Group walks to local coffee shops and social recreation groups like soccer, basketball, and walking serve to aid the consumers with developing their social network. This in turn, aids in building trust and helps the consumer develop friendships through which they can share their experiences.

*Even though Edward had moved into housing and was officially engaged in treatment, he still needed a pressure free, individualized care plan. His plan included walks with case managers to the store for basic food items.*

Integrated Dual Disorders Treatment (IDDT) and Housing First are also models used to provide empirically-based services to the 60 individuals (30 percent of whom are veterans) typically enrolled in the FISH program. IDDT uses the Stages of Change to identify a consumer's motivation to address their concerns and to track progress toward identified goals. Through the use of Motivational Interviewing, the team helps program consumers weigh the pros and cons of their behaviors and aids them in looking inward for solutions that are person centered and appropriate. The FISH program employs an assertive case management philosophy; providing 75% of all services in the community, meeting with consumers a minimum of three days per week (often five times per week), and outreaching individuals whether they are in the community, hospital, or incarcerated.

The Housing First model ensures each FISH consumer is provided a residence that meets unique needs as well as individual preferences. To do this, the FISH team uses a mix of project-based and scattered-site housing. Sound Mental Health master leases the scattered site units ensuring the usual hurdles encountered, such as criminal history and lack of income, are managed such that, the consumer quickly gains housing. Vouchers to assist with housing are provided by the Seattle Housing Authority, and the King County Housing Authority. .

The FISH program is successful in large part because of the relationships that team members have developed with community entities. FISH team members meet weekly with Seattle police officers and Department of Corrections' community corrections officers to consult on cases and to problem-solve criminal behaviors. The goal in these meetings is to identify which behaviors are occurring due to mental illness and to find strategies that will address the behaviors while avoiding incarceration. At times, behaviors are identified that are of risk to community safety. When this occurs, the team supports police

and community corrections officers in detaining consumers. The team then continues to engage the consumer via regular jail visits.

*When responding to his internal stimuli, it appears that Edward has little to no consciousness of the world around him. He has frequently gotten into “fights” with his auditory hallucinations, which have included yelling profanities and physical violence such as punching the walls. Since being in the FISH program this has not resulted in any physical altercations with others. The FISH team and Seattle Police saw the driving force of this behavior was Edward’s mental illness. Rather than detaining Edward for property destruction, the FISH team with him to express this side of him in safer surroundings. Due to the relationship he has built with the treatment team, Edward is more easily redirected when these episodes occur. The team encourages him to do these behaviors in his room and educates him on what can happen if people don’t understand. For example, if he is yelling at an internal stimuli and someone walks by, that person may not realize that he is responding to a hallucination and respond with fear or aggression.*

Since the FISH program is community based, and at least 75 percent of the services occur in the community, it was natural for the Advanced Registered Nurse Practitioners (ARNP) to also provide services in the community. The ARNP assigned to FISH meets with consumers at their homes. This enhances consumer participation in medication prescriber appointments, as it eliminates a common reason for no-shows to clinic-based appointments, and inability to find transport to appointments. Another positive outcome from doing “house calls” is that providers are able to accurately assess ADLs because of direct observation of the consumer’s living conditions.

*Edward met with the FISH prescriber for a psychiatric assessment and potential medication prescription. Edward stated that he did not need medications and that he did not want to take them. While he continues to refuse medications, Edward has agreed to meet regularly with the prescriber to “talk.” This occurs at his residence Edward is more open and comfortable taking about serious matters in the safety of his home. He now has benefits and SMH assists him with his finances.*

Participation in the FISH program is voluntary and carries no time limits. Once consumers enroll in the program, they are ensured services until such a time as they no longer need support at the level of intensity provide by the FISH program. If a consumer is involuntarily hospitalized or incarcerated longer than six months, the result is discharge from the program. Upon discharge or release, they are welcomed back to the program to reengage in services.

*While the Edward has made great strides, he still needs regular reminders to be aware of his surroundings when he responds to his internal stimuli. However, he is much more responsive to the team and will work with them to manage his symptoms. For example, when yelling obscenities in common areas, Edward will respond to staff suggestions to lower his voice or to move to his room. Today, Edward has been housed for 18 months and is an active member of the community. Edward often takes walks around his neighborhood with the FISH team. When he is with the team in the community he is more able to interact appropriately with others. For example, on one typical rainy Seattle day, Edward cautioned a team member to watch her step as she was about to walk in a puddle.*

The FISH team has another tool at its disposal for use with engaging homeless individuals. The Veterans

Administration in Seattle has partnered with Sound Mental Health to provided direct referrals to the FISH program. These referrals are Veterans who receive some services at the VA Hospital but also need community based support and housing. One third of the consumers served by the FISH program are

Veterans. Coordination between the FISH team and the VA has ensured the Veterans participating in the FISH program received immediate housing placement and intensive supportive services that have been closely tied to the services each Veteran is receiving from their treatment teams at the VA Hospital in Seattle.

To date, the FISH program is funded through the end of 2011. With ongoing budget cuts and resulting funding shortages, fingers are crossed in hopes the program persists into the next year and beyond. Through the FISH program, Edward and 59 other program consumers have gained a chance at building the life for which we all strive. This might be Edward's second chance at this goal. It might be his tenth. Regardless, the FISH program values chances, as many as it takes to get it right.

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